

**PROPOSAL SUBMISSION FORM
SOUTH CAROLINA CLEAN VESSEL ACT
PUMPOUT GRANT PROGRAM**

**South Carolina Department of Natural Resources
Marine Resources Division**

1. Facility Name: _____

2. Contact Person: _____ Phone: () _____

Email: _____

3. Marina Address: _____

City/State/Zip: _____

Web site: _____

4. Name of waterbody the facility is on or adjacent to: _____

GPS coordinates for facility: _____

5. Facility owner: _____ Phone: () _____

Address: _____

City/State/Zip: _____

Email: _____

6. Project Description:

_____ Portable Pumpout Station

_____ Fixed Pumpout Station

_____ Boat-mounted System

_____ Portable Toilet Dump Station

_____ Expansion/Improvement/Renovation of Existing Service

7. Explain proposed project fully, including brand or manufacturer (attach additional sheets if necessary to include engineering):

8. Pumpout/dump station will discharge to:

- _____ City Sewer (Submit evidence, in writing, of consent from owner of the system.)
- _____ Septic System (Submit evidence, in writing, of approval from local health officials, stating that sufficient sewage disposal capacity is available.)
- _____ Unit will be emptied by a licensed septic hauler for disposal by an approved treatment facility (Submit evidence, in writing, of a contract with a licensed septic hauler, as well as approval from the local health official.)
- _____ Other, explain:

9. Location of Pumpout/Dump Station (Attach map indicating location):

- | | |
|-------------------|--------------------|
| _____ on bulkhead | _____ fuel dock |
| _____ mobile unit | _____ all slips |
| _____ other dock | _____ boat-mounted |

10. Pumpout/Dump Station Operation, who will operate the pumpout unit?

- _____ boater, self-serve
- _____ marina staff
- _____ other (describe) _____

11. Availability of Service:

Months (circle) Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.

Days (circle) Daily or only Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours: 24 Hours or Between _____ A.M. and _____ P.M.

Fee Charged Free or \$ _____/use (Maximum fee \$5.00 per grant guidelines)

12. Grant Request:

Cost of pumpout station \$ _____

Site improvement costs \$ _____

Other costs (if applicable) \$ _____

TOTAL PROJECT COSTS: \$ _____

13. Matching Funds:

Required Match, per contract guidelines:

75% to 25% cost sharing, allows for a \$5.00 charge per pumpout

TOTAL MATCH \$ _____ 25% of total project costs

REIMBURSEMENT AMOUNT \$ _____ 75% of total project costs

Expected date new pumpout service is to begin: _____

Signed: _____

Date (must be Jan. 17, 2008 or later): _____

Return original application (3 pages total) by mail to:

SCDNR
Attn: H. Scott Meister
SC-CVA Coordinator
PO Box 12559
Charleston, SC 29412